**Editorial comments:  
  
1. I noticed you indicated that you sent an ALA via mail; however, it doesn’t appear that we’ve received it yet. Can you upload a scanned copy of it for your latest submission?**

We apologize for this oversight and have uploaded a copy.

**2. Please number references in the order they are cited in the paper; currently, the first works cited are references 5-7.**

We apologize for this oversight and have renumbered the references based on the order in which they were introduced in the text.

**3. Please include at least 2 more keywords or phrases, for a total of 6-12.**

We have added 2 additional key words to the manuscript. We have highlighted them in red.

**4. 1.2: Please include more information about the operation; e.g., is this done with a drill? How are instruments sterilized, and how is a sterilized environment maintained? Please also split this long step up into substeps, and include any necessary material in the Table of Materials.**

A drill is used to makes holes in the skull so that cannulas can be inserted. The instruments are sterilized via autoclaving them beforehand. Sterile surgical gloves are used during the surgery to maintain a sterile environment. We have added the requested details and created additional steps and highlighted the changes in red.

**5. 1.3/2: So, are injections therefor done 1 week after surgery?**

Injections are done after the animals are fully recovered. The experimenter should wait at least 1 week after surgery before injecting the animals. Thus, if the animal has fully recovered, the injections may be done one week after surgery. We have added details to the protocol and have highlighted them in red.

**6. 2.2: The volume used here is unclear-how much less than 0.5 μL, or do you mean to use up to 0.5 μL? How much lower volume for mice and smaller brain regions? Please also split this step up to substeps and notes.**

For the PFC, .5 microliters were used. Less can be injected if desired. For mice and smaller brain regions, the amount injected depends on the size of the region and the species of animal. As this is an example, we only included the PFC in this protocol. We have added details and notes to the manuscript, as well as additional steps. We highlighted the changes in red.

**7. 2.4: Should intracranial and i.p. injections be done simultaneously?**

It would be extremely difficult to do them at the exact same time. However, they are performed one immediately after the other. We have added these details to the manuscript and have highlighted them in red.

**8. 3.1: This is unclear (and should be split up into substeps as well). What is a “good trial”? How exactly is the withdrawal latency determined? Is there always a “clear withdrawal”, and what if there isn’t?**

We apologize for the lack of clarity. A good trial is a clear withdrawal not due to locomotion, shifting weight, etc. A clear withdrawal involves the lifting of the foot from the ground up and into the body, accompanied by the bending of the knee. We have added additional details, notes, and steps to the protocol. Also, we have highlighted the changes in red.